INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)

| Application Number | | 10743722 | |
|------------------------|------------------|-----------------|--|
| Filing Date | | 2003-12-24 | |
| First Named Inventor | Adriana Dumitras | | |
| Art Unit | | 2483 | |
| Examiner Name | David | David N. Werner | |
| Attorney Docket Number | | 13316/3276 | |

CERTIFICATION STATEMENT

| Please see 37 | CFR 1.97 | and 1.98 to ma | ke the appropriate | e selection(s): |
|---------------|----------|----------------|--------------------|-----------------|
|---------------|----------|----------------|--------------------|-----------------|

That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. Sea 97 CFF 1.97(e)(1).

OR

That no item of information contained in the information disclosure statement was cited in a communication from a foreign parter office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to it individual designated in 37 CFR 1.58(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.59(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.59(c) more than three months prior to the filing of the information disclosure

- See attached certification statement.

 Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.
- _ ...

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

| Signature | /Justin Blanton/ | Date (YYYY-MM-DD) | 2010-12-14 |
|------------|------------------|---------------------|------------|
| Name/Print | Justin Blanton | Registration Number | 58741 |

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